

Remarks/Arguments:

Claims 1-18 are rejected under 35 U.S.C. 102(e) as being anticipated by U.S. Publication No. 2002/0077865 (Sullivan). Applicant respectfully disagrees, for reasons set out below.

With respect to claim 1, amendments have been made to further distinguish over the prior art. Applicant submits that Sullivan does not satisfy the feature of "a set of headphones connected to said computing device for presenting audio output to said patient". Sullivan makes no mention anywhere of a set of headphones. Further, Sullivan does not teach or suggest presenting audio output to a patient by any means. Sullivan teaches the use of audible alarms in certain situations, such as an alarm indicating the presence of an increased medical risk (Sullivan, para. 0082). Such an alarm, and indeed every audible element discussed by Sullivan, is directed not towards a patient, but towards a health care professional. In fact, at para. 0084, Sullivan teaches an alarm encoded to "sound like something ordinary in the medical environment". That is, Sullivan teaches actively avoiding "presenting audio output to said patient".

Additionally, Sullivan does not satisfy the feature of:

"wherein said computing device is configured to receive an identification of said patient and a preferred language of said patient, and further operable to present on said touch screen at least one main question and a plurality of dependent questions presented based on a response to said main question and responses to previous dependent questions, said questions presented in said preferred language of said patient, said questions pertaining to an intake procedure of said patient to said hospital, said device further operable to receive responses to each of said

questions by touch screen input from said patient, said device further operable to generate an intake report based on said responses in a preferred language of a hospital staff member responsible for further processing of said intake of said patient".

Sullivan makes no mention of a preferred language of a patient, or of any other language. Sullivan also makes no mention of presenting at least one main question and a plurality of dependent questions based on a response to said main question and responses to previous dependent questions. Sullivan's medical data is input via templates (Sullivan, FIG. 2) containing fields into which data may be entered. What data, if any, is entered into a given field has no bearing on the presenting of other fields in the template. That is, all of Sullivan's fields are present in the template at all times, regardless of what data is entered.

Sullivan also does not provide the generation of an intake report, in any language. The only reports provided by Sullivan are generated long after patient intake is complete, for the purposes of "assessments, teaching, litigation, etc. regarding what actions were specifically taken by the user, and whether certain observations were made" (Sullivan, para. 0134). Sullivan provides reports generated from information recorded at patient reevaluation (para. 0125), patient discharge (para. 0132), and a combination of diagnosis, reevaluation and vital sign collection (para. 0134). In every case, Sullivan's reports could not possibly be generated at patient intake, as they all depend on events which do not take place until after patient intake is complete.

Applicant believes that claim 1 is patentable. Claims 2-7 depend on claim 1, and are therefore also patentable for at least the above reasons.

With respect to claim 8, amendments have been made to improve clarity, and to further distinguish over the prior art. Applicant respectfully submits that Sullivan does not satisfy the feature of "receiving input from said touch screen representing a preferred language of said patient". As was discussed above with respect to claim 1, Sullivan makes no mention of any language, preferred or otherwise. The Examiner has relied on the abstract and para. 0125 of Sullivan, but neither contains any reference to language.

Further, Sullivan does not satisfy the feature of "repeating said presenting of said intake question and receiving of said response steps based on responses to previous intake questions until a desired number of intake question responses have been received" as recited in claim 8. As discussed earlier, Sullivan's templates are fixed – all fields are presented at all times. There is no mention of repetition based on responses to previous questions.

In addition, Sullivan does not satisfy the feature of "generating an intake report in a preferred language of a hospital staff member responsible for further intake of said patient". As was argued with respect to claim 1, Sullivan's reports cannot be generated until after patient intake is complete. Sullivan therefore does not satisfy the generation of an intake report.

Claim 8 is therefore believed to be patentable. Claims 9-14, which depend on claim 8, are believed to be patentable for at least the above reasons.

With respect to claim 15, similar amendments have been made to those made in claim 8. Applicant relies on the arguments discussed above in connection

with claim 8. Claim 15 is believed to be patentable, as Sullivan does not satisfy any of the features of "receiving input from said touch screen representing a preferred language of said patient", "repeating said presenting of said intake question and receiving of said response steps based on responses to previous intake questions until a desired number of intake question responses have been received", or "generating an intake report in a preferred language of a hospital staff member responsible for further intake of said patient".

With respect to claim 16, amendments have been made similar to those made in claim 1. Applicant relies on the arguments discussed above in connection with claim 1. Specifically, Sullivan does not satisfy the feature of "said computing device further comprising a set of headphones connected to said computing device for presenting audio output to said patient". Sullivan further does not satisfy the feature of:

"wherein said computing device is configured to receive an identification of said patient and a preferred language of said patient, and further operable to present on said touch screen at least one main question and a plurality of dependent questions presented based on a response to said main question and responses to previous dependent questions, said questions presented in said preferred language of said patient, said questions pertaining to an intake procedure of said patient to said hospital, said computing device further operable to receive responses to each of said questions by touch screen input from said patient, said computing device further operable to generate an intake report based on said responses in a preferred language of a hospital staff member responsible for further processing of said intake of said patient".

In addition, Applicant respectfully submits that Sullivan does not satisfy the feature of "said server operable to direct said intake reports to an appropriate one of said treatment room clients according to a prioritization criteria". As argued above, Sullivan does not provide intake reports. Further, Sullivan makes no mention of directing reports of any sort of an appropriate treatment room client according to a prioritization criteria. The Examiner has relied on para. 0117 of Sullivan, however that paragraph only provides a generalized description of patient triage. No mention is made of intake reports, or of directing same to appropriate treatment rooms.

Claim 16 is therefore believed to be patentable. Claims 17 and 18, which depend on claim 16, are believed to be patentable for at least the above reasons.

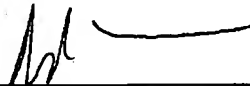
Appl. No. 10/733,345
Amdt. dated 09/29/2008
Reply to Office Action of 05/29/2008

Conclusion

Applicant believes that this application is now in condition for allowance. To the extent that any issues remain to be resolved, however, Applicant requests that the Examiner contact the undersigned to resolve these issues.

The Commissioner is authorized to charge the extension of time fees to our credit card on file with the Office. The Commissioner is also authorized to charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to our credit card on file with the Office.

Respectfully submitted,



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